

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	80	75316	10/14/00
O.I.P.E. CLASSIFIER			5-10-2000
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	W	001129	

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	Y	Y	10/24/01
2	Y	Y	10/24/01
3	Y	Y	10/24/01
4	Y	Y	10/24/01
5	Y	N	10/24/01
6	Y	Y	10/24/01
7	Y	Y	10/24/01
8	Y	Y	10/24/01
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If more than 150 claims or 10 actions  
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